

DEC 22 2003

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PTO/SB/50 (06-03)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.

First Name of Inventor

Eli Brown

Original Patent Number

6,499.519B1

Original Patent Issue Date
(Month/Day/Year)

12/31/02

Express Mail Label No.

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. ☒ Original U.S. Patent currently assigned? ☐ Yes ☒ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all
changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original Patent Grant
 - ☐ Ribbioned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS



Customer Number.

24,987

OR ☐

Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Marcus G. Theodore

Registration No. (Attorney/Agent)

26,815

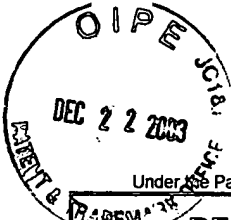
Signature

Date

12/16/03

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 7	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 17	**** 10 =	x \$ _____ =		x \$ _____ =		
(C) 3		(D) 3	* 0 =	x \$ _____ =		x \$ _____ =		
				Basic Fee (37 CFR 1.16(h))		\$ 385		
				Total Filing Fee		\$ 385	OR \$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 17	MINUS	** 20	* = 0	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 3	= 0	x \$ _____ =		x \$ _____ =	
					Total Additional Fee		\$ 0	OR \$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 385.00 _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>_____ Date</p> <p>_____ Registration Number, if applicable</p> <p>_____ Signature of Applicant, Attorney or Agent of Record _____ Typed or printed name</p>								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT OFFICE

Reissue Application No.	_____	:	
Serial No.	09/713,056	:	
US Patent No	6,499,519B1	:	
Filing Date:	11/16/2000	:	
Inventor:	Eli Brown	:	
Invention:	Iron Cover	:	Group Art 3728
Examiner:	David T. Fidei	:	

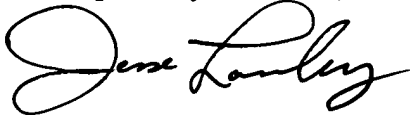
OFFER TO SURRENDER PATENT

Commissioner of Patents
Washington, D.C. 20231

Sir:

Assignee and owner, Originality, LLC, of the above entitled patent offers to surrender the original patent US Patent No. 6,499,519B1, pursuant to 37 CFR 1.178 upon allowance of the reissue application.

Respectfully submitted,



Jesse Lassley,
President of Applicant
P.O. Box 58415
Salt Lake City, Utah 84158-9998
(801) 359-8622

REISSUE PATENT APPLICATION
IRON COVER

Inventor:

Eli Brown
345 Broyer Avenue
Walla Walla, Washington 99362

Assignee:

Originality, LLC,
P.O. Box 58415
Salt Lake City, Utah 84158-9998

Entity:

Small

Attorney for Applicant(s):

Marcus G. Theodore, Esq.
Marcus G. Theodore, P. C.
466 South 500 East
Salt Lake City, Utah
Tel: (801) 359-8622
Fax: (801) 359-8995

Attorney Docket Number: